

Type a plus sign (+) inside this box [+]

Approved for use through 9/30/00

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>PTO/SB/01</b> (8/96)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Attorney Docket Number</td><td style="width: 50%;">1256-00819</td></tr><tr><td>First Named Inventor</td><td>Hector F. DeLuca</td></tr><tr><td colspan="2" style="text-align: center;"><b>COMPLETE IF KNOWN</b></td></tr><tr><td>Application Number</td><td></td></tr><tr><td>Filing Date</td><td></td></tr><tr><td>Group Art Unit</td><td></td></tr><tr><td>Examiner Name</td><td></td></tr></table>	Attorney Docket Number	1256-00819	First Named Inventor	Hector F. DeLuca	<b>COMPLETE IF KNOWN</b>		Application Number		Filing Date		Group Art Unit		Examiner Name	
Attorney Docket Number	1256-00819														
First Named Inventor	Hector F. DeLuca														
<b>COMPLETE IF KNOWN</b>															
Application Number															
Filing Date															
Group Art Unit															
Examiner Name															

**DECLARATION**

Declaration <input checked="" type="checkbox"/> Submitted with Initial Filing	OR	Declaration <input type="checkbox"/> Submitted after Initial Filing
---	----	---

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Use of 2-Methylene-19-Nor-20(S)-1 $\alpha$ ,25-Dihydroxyvitamin D<sub>3</sub> to Increase the Life Expectancy of Human Beings

the specification of which  
☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT

International Number  and was amended on (MM/DD/YYYY)   
(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or §365(a) of any PCT international application which designed at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?
				YES      NO
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional
		<input type="checkbox"/> Application numbers are listed on a supplemental priority sheet attached hereto.

Type a plus sign (+) inside this box [ + ]

# DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designated the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States of PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Daniel D. Fetterley	20,323	Joseph D. Kuborn	40,689
George H. Solveson	25,927	Jeffrey S. Sokol	35,686
Gary A. Essmann	29,376	Peter T. Holsen	54,180
Thomas M. Wozny	28,922	Aaron T. Olejniczak	54,853
Michael E. Taken	28,120	William L. Falk	27,709
Joseph J. Jochman, Jr.	25,058		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

☒ Please direct all correspondence to: Name Thomas M. Wozny, Reg. No. 29,822

Address Andrus, Sceales, Starke & Sawall, LLP

Address 100 East Wisconsin Avenue, Suite 1100

City Milwaukee State Wisconsin Zip 53202-4178

Country United States Telephone (414) 271-7590 Fax (414) 271-5770

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Family Name or Surname

Hector F. DeLuca

Inventor's Signature *Hector F. DeLuca* Date 9/12/03

RESIDENCE: City Deerfield State WI Country USA Citizenship USA

POST OFFICE ADDRESS 1809 Highway BB

City Deerfield State WI Zip 53531 Country USA

Name of Additional Joint Inventor, if any: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Family Name or Surname

Lori A. Plum

Inventor's Signature *Lori A. Plum* Date 9-15-03

RESIDENCE: City Madison State WI Country USA Citizenship USA

POST OFFICE ADDRESS 5339 Brody Drive, #204 6139 Highway H

City Madison Arena State WI Zip 53705 53503 Country USA

☒ Additional inventors are being named on supplemental sheet(s) attached hereto.

Please type a plus sign (+) inside this box [+]

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
-------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Margaret		Clagette-Dame					
Inventor's Signature <i>Margaret Clagette-Dame</i>		Date <i>Sept 15, 2003</i>					
RESIDENCE: City	Deerfield	State	WI	Country	USA	Citizenship	USA
POST OFFICE ADDRESS		1809 Highway BB					
City	Deerfield	State	WI	Zip	53531	Country	USA
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto.							